ACCSC INSTITUIONAL TEACH-OUT PLAN APPROVAL FORM

The Commission will require a school to submit an Institutional Teach-Out Plan for approval upon the occurrence of any event outlined in *Section IV (F) Rules of Process and Procedure, Standards of Accreditation*. The Teach-Out Plan must contain, at a minimum, the following items and must be submitted in an electronic format, prepared in accordance with ACCSC's Instructions for Electronic Submission:

Check One: _____ Main School _____ Branch

Name of School: School Number:

Address:

City: State: Zip Code:

Telephone Number: Fax Number:

Contact Person: E-mail Address:

1. A listing by name of all students in all programs and their estimated graduation dates.
2. The status of unearned tuition, all current refunds due and account balances.
3. A disposition of all student records, including educational, billing, accounting and financial aid records, in an accessible location and in accordance with applicable legal requirements in the event the school closes.
4. An explanation, accompanied by appropriate supporting documentation and timelines, of how the school would notify students in the event of closure.
5. A demonstration that the delivery of training and services to students will not be materially disrupted and that obligations to students will be timely met.
6. A description of the specific additional charges to students, if any, and the school's plan for providing advance notification to students of any additional charges.
7. › Has the Commission directed the school to submit a Teach-Out Agreement as part of this Teach-Out Plan?

   Yes ☐ No ☐

   › Has the school voluntarily entered into a Teach-Out Agreement as part of this Teach-Out Plan?

   Yes ☐ No ☐

   If yes to either question above, please complete the Teach-Out Agreement Approval Form and attach hereto. The Commission must approve the Teach-Out Agreement prior to implementation.

I certify that the information herein and attached hereto is correct.

Name: Title:

(Chief Executive Officer)

Signature: Date:

SUBMIT TO: **Executive Director**
Accrediting Commission of Career Schools and Colleges
2101 Wilson Boulevard / Suite 302
Arlington, Virginia 22201